

STATE OF NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF BEHAVIORAL HEALTH, WELLNESS AND PREVENTION
OFFICE OF HIV/AIDS

Six Month Self-Attestation of Ryan White Part B Eligibility

Name: _____ Birth Date: _____
Mailing Address: _____ City: _____ Zip: _____
Primary Phone: _____ Alternate Phone: _____
Doctor's Name: _____ Case Manager's Name: _____

RESIDENCY

Since your Annual Certification six months ago, have you moved/changed residence?

- ☐ No, my address has not changed.
☐ Yes, my address has changed.
(see box to the right)

- ☐ Current lease/Rental Agreement
- ☐ Rent/Mortgage Receipt (dated within the past 30 days)
- ☐ Utility Bill (dated within the past 30 days)
- ☐ Verification of Residence (dated within the past 30 days) (Form 15-50)
- ☐ Letter from a Government Agency
- ☐ Voter Registration/Vehicle Registration
- ☐ Prison Release Papers
- ☐ Current Nevada Driver's License
- ☐ Current Nevada DMV Identification Card
- ☐ Consulate Identification Card
- ☐ Resident Alien Card
- ☐ Other verifiable government issued photo ID with address
- ☐ Dependent Support Form with current utility bill rent/mortgage receipt, etc.
- ☐ Homeless Declaration Form (Form 15-44)
- ☐ Tax Return
- ☐ Proof of property taxes paid

Initial _____

INCOME

Since your Annual Certification six months ago, has your income changed?

- ☐ No, my income has remained the same.
☐ Yes, my income has changed.
(see box to the right)

- ☐ Copy of most recent pay stubs for the last month
- ☐ Copy of most recent annual disability, SSI, retirement, pension, VA, child support/alimony, unemployment benefits, etc. statements
- ☐ Profit and Loss Statement from self-employment
- ☐ Statement of No Income (Form 15-45)
- ☐ One (1) month of bank statements only if pay stubs or annual statements cannot be provided.
- ☐ Pre-paid debit card statements
- ☐ Dependent Support Form (Form 15-48)

Initial _____

HEALTH INSURANCE

Since your Annual Certification six months ago, has your insurance status changed?

☐ No, there is no change in my insurance status.

☐ Yes, my insurance status has changed. (see box to the right)

- ☐ Proof of Medicaid/Nevada Health Link application or exemption
- ☐ Employer Insurance Verification (Form 15-49)
- ☐ Current insurance benefits package information
- ☐ ADAP Cost Effectiveness Worksheet if client is requesting Insurance Assistance (HICP) or Medication Assistance programs (ADAP) (Form 15-38)

Initial _____

LIVING ARRANGEMENT

Since your Annual Certification six months ago, has your living arrangement changed?

☐ No, there is no change in my living arrangement.

☐ Yes, my living arrangement has changed. (see box to the right)

- ☐ Stable/Permanent (own home, renting, HOPWA funded housing assistance, Section 8 housing, public housing, etc.)
- ☐ Temporary (transitional housing, temporarily living with family or friends, hotel or motel paid without a voucher, etc.)
- ☐ Unstable (emergency shelter, hotel or motel paid with a voucher, homeless, prison, jail, etc.)

Initial _____

HOUSEHOLD SIZE

Since your Annual Certification six months ago, has your household size changed?

☐ No, there is no change in my household size.

☐ Yes, my household size has changed. (see box to the right)

- ☐ Marriage License/Domestic Partner Registration Form
- ☐ Birth Certificates of dependents in household
- ☐ Tax Return

Initial _____

I certify and attest that my signature on this Six Month Self-Attestation of Ryan White Part B Eligibility form indicates the information provided is true, correct, and complete to the best of my knowledge. I realize that providing false information may disqualify me from Ryan White Part B Program services. The Ryan White Part B Program cannot pay for services that have been paid or can reasonably be paid by any State, Federal or private entity that provides health benefits.

I understand that my records are protected under State and Federal regulations and cannot be disclosed without my written consent. I understand that information can be released for billing, chart audits, program monitoring/quality improvement, data reporting, and needs assessment purposes.

This document serves as my consent for the release of information. I also understand that I may revoke this consent at any time, in writing, except to the extent that action has been taken in reliance on it.

Signature: _____ Date: _____